

**ANNUAL REPORT  
FOR  
ADULT CARE AND NURSING HOME COMMUNITY ADVISORY COMMITTEES**

COUNTY \_\_\_\_\_

REPORTING YEAR \_\_\_\_\_

COMMITTEE \_\_\_\_\_

CHAIRPERSON \_\_\_\_\_

**1. Were all the homes in the county served by the committee?** \_\_\_\_\_  
**If not, why?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2. Describe educational efforts by the committee.** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Describe community involvement by the committee.** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Describe problems encountered by the committee.** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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5. Was the committee involved in grievance resolution during the year? \_\_\_\_\_

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6. Summarize the strengths and weaknesses of the facilities in the county.

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7. Other comments:

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THE REGIONAL OMBUDSMAN WILL DISTRIBUTE THIS REPORT TO THE  
COUNTY COMMISSIONERS, THE COUNTY DEPARTMENT OF SOCIAL  
SERVICES, AND THE DIVISION OF AGING AND ADULT SERVICES.

Prepared by: \_\_\_\_\_

Date prepared: \_\_\_\_\_